VA-CASE

Quarterly Newletter

April 2015

Organizational Maturity Self-Assessment Tool (OMST)

Spearheaded by Kristi Groves and Aleace Cappelle and developed in collaboration with Brian Poynor from the VA-CASE, Professional Development, Lean Management System Group, the Organizational Maturity Self-Assessment Tool (OMST) allows organizations to review their performance against specific drivers, identify current maturity levels for each driver, and finally, determine strengths and areas for potential focus. The OMST tool evolved from a review and synthesis of Performance Excellence literature and practices including Baldrige, High Reliability, ISO 9001 and Shingo to develop self-assessment capability in support of Office of Quality Safety and Value activities. The evolution of the tool, through testing and refinement, now supports Lean Management System, Performance Excellence and High Reliability Organizational principles.

"Built to represent the evolutionary spectrum of organizational development and maturity, it fosters and promotes growth and change management".

The assessment tool can be used to examine the maturity of four major components of an organization by drivers that support:

- Strategic Alignment
- Organizational Culture
- Innovation and Improvement
- Informed Decision-Making

Organizational maturity for each of these four drivers is determined by the following five levels:

- No Evidence that Driver Exists
- Limited Evidence that Driver Exists
- Driver Exists within Pockets of the Organization
- Driver Exists within Majority of Organization
- Driver is Firmly Embedded into the Organization

Kristine Groves, Brian Poynor Aleace Cappelle

Inside this issue

continued on page 11

Leadership Corner
Professional Development

The Professional Development Program provides Systems Engineering-based educational activities to VA staff and leadership. The program is a national VA leader in developing Lean curriculum, certifying Lean Managements Systems, and facilitating Improvement events. The formal training sessions, based on Lean and Lean Six Sigma Healthcare strategies, incorporate both didactic and hands-on learning experiences, methods, and techniques. The strength of our skilled faculty lies in their ability to make adjustments to program content and meet program deliverables.

Evaluation assessments consistently confirm that our faculty maintains a high level of performance. Our evaluation measurements—where our faculty score >4 on a scale of 1-5—ensure our customers' satisfaction. Our program works closely with stations, VISNs, and Central Office departments and staff members to provide a bridge for integrating Lean and fostering incorporated improvement capacity.

In this issue of the VA-CASE Quarterly Newsletter we will highlight several current projects.

Professional Development Staff Updates

George Ponte, MS, Acting Associate Director for Professional Development, has retired effective January 1, 2015. George facilitated Station, VISN and National Advanced Clinical Access improvements, was a member of the National Systems Redesign Educational Committee, and a facilitator for the Yellow Belt, Green Belt and RPIW classes. He co-chaired the Committee that developed the Improvement Advisor Academy program and curriculum, and served as lead Faculty Director for the Improvement Advisor Academy and faculty for the Access Academy. Mr. Ponte is a national resource expert in the application of Lean, Systems Redesign and Systems Engineering within VHA healthcare and is a valued and frequently requested national speaker. We wish you well in your future endeavors George!

Jamie Workman-Germann, MSME, has been appointed as the Associate Director of Professional Development. She has years of experience implementing Lean programs/systems in healthcare as well as developing Lean curriculum and educational materials. Ms. Workman-Germann also serves as an adjunct faculty member in the Purdue School of Engineering and Technology at Indiana University Purdue University–Indianapolis (IUPUI), where she formerly held the role of tenured associate professor before leaving to pursue Lean implementation in healthcare systems.

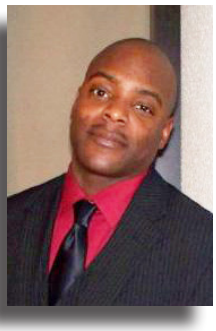
Gabriela Garrity, BS, MSW, has been appointed as a Deputy Associate Director of Professional Development. Gaby has 23 years experience within the VHA including as Patient Safety Manager, Performance Improvement and Accreditation Manager; Advanced Clinical Access Manager and Systems Redesign-LEAN Program Manager.

Anne Kirchgassner, RN, MSN, has been appointed as a Deputy Associate Director of Professional Development. She is considered a national Subject Matter Expert for the Bed Management Solution and patient flow. Her most recent role at the Indianapolis VAMC was as a Systems Redesign Coordinator with a focus on the Value Stream for Mental Health Service. She has certifications in VA/Purdue Yellow, Green and Black Belts in Lean Systems Redesign.

New Staff

VHA Engineering Technical Assistance Program (VE-TAP)

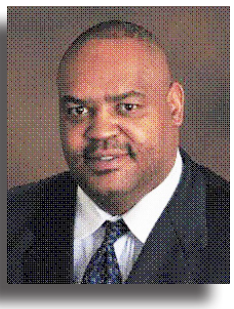
Richard Moore, BSCpET, is an Industrial Engineer with experience in industrial controls including on-off, open-/closed-loop control systems, analog-based systems (relay controls, PLC controls, HMI and open-PC controls, networking), embedded microcontrollers (programmable counter/timer arrays, interrupts, multi-tasking, analog interfaces, hardware abstraction, real-time operating systems, peripheral device drivers). Richard is an Army Veteran, with tours of duty in Vilseck, Germany with United States Army Europe (USAREUR) and Iraq OIF/OEF. He also has 3+ years of experience as a Veterans Service Representative / VA Certifying Official for the Office for Veterans and Military Personnel for Indiana University/Purdue University-Indianapolis (IUPUI). Richard has a Bachelor's degree in Computer Engineering Technology from Purdue University.



Craig Carpenter, **MBA**, is a Program Analyst working on the Interactive Visual Navigator (IVN) project. Prior to joining VA-CASE, Craig was a Program Assistant (analysis) with Health Services Research and Development (HSRD) at the Roudebush VAMC in Indianapolis, IN where he performed various administrative duties and worked as a research assistant on several health service research studies. He received an undergraduate degree in business administration with a minor in economics and an MBA, both from Indiana State University.

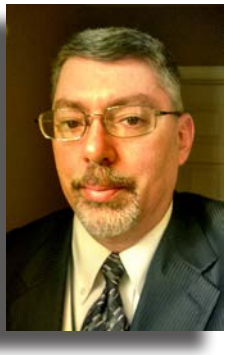
Jess Pierce, MBA, Program Analyst with the Veteran-Centered-Design Lab is one of the original members and the education lead of the National Billing Prosthetics workgroup chartered from the VHA Chief Business Office. Through this workgroup, Jess has performed multiple site reviews for the Southwestern Arizona VAMC (Tucson, AZ) and the Greater Los Angeles VAMC (GLA) where she helped develop and implement the multi-departmental workflow process for prosthetics billing. Prior to joining VA-CASE, Jess worked as the Program Coordinator for the Research Service at the Indianapolis VA Medical Center. As the Program Coordinator she utilized her knowledge and skills to redesign the entire Research Service workflow process to enhance compliance, integrity, and productivity. She received her Masters of Business Administration with distinction of Healthcare Management from Indiana Wesleyan University.

Dennis Lofton, BS is a Health System Specialist (HSS) working on the National Utilization Management Integration System (NUMI) Project. His Army experience includes over ten years as a Non-Commissioned Officer, highly classified positions, leadership development schools, and training and is Gulf War Veteran. Mr. Lofton has a Certification in Human Services, Bachelor of Science in Business / Human Resource Management from Indiana Wesleyan University and currently pursuing a Masters of Science in Health Administration from Indiana Wesleyan University.

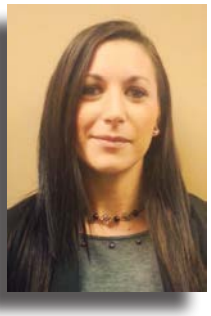


Terry Chastain, BSIT, is a Program Analyst working on the Business Operation Center (BOC) application and the Interactive Visual Navigator (IVN) project. He served six years active duty in the United States Air Force as an Aerospace Medical Technician and Flight Engineer. He was recently a Student Intern working for the Office of Information Technology at the Indianapolis VAMC doing Application Support and System Administration. Terry received his Bachelor of Science in Information Technology degree from Colorado Technical University.

Timothy Rivers, IT1 USNR(RET), is the Administrative Officer for VE-TAP where he manages and coordinates all administrative and HR requirements and functions for program staff in conjunction with the Business Management Officer. Tim is a Navy Veteran [Desert Shield/Storm, Noble Eagle] with 21 total years of combined service in Personnel Administration and as an Information Technology Specialist, with another 13 years in various civilian IT Support roles (Tier II hardware/software tech, Help Desk Administrator, enterprise migrations and refresh projects, team lead on POS upgrades, etc.) in addition to serving short stints as an OPM contract Background Investigator, Senior Project Manager for proprietary software deployments, and DOJ Executive Secretary at the Federal Penitentiary in Terre Haute, Indiana. He is currently attending Anderson University pursuing a Bachelor of Science degree in Organizational Leadership.



Tharasa DiMeo is a Program Analyst working on the Interactive Visual Navigator (IVN) project began working at the Department of Veterans Affairs in 2006. She recently worked at the Indianapolis Regional Office as a Certified Veterans Representative and Intake Analyst where she took part in the pilot project ILab which restructured the way Veterans' disability claims were processed.



Helen Fuller, PhD, Manager of the HCI Lab, completed studies in Biomedical Engineering at the University of Michigan in 2010, with a focus on human factors and ergonomics, including cognitive and physical modeling of driver distraction. Prior to that, she obtained her B.S.E. and M.S.E. in Biomedical Engineering from the University of Iowa, where she worked on a large variety of research projects in orthopedics, occupational ergonomics, and public health. Helen worked at Applied Safety and Ergonomics, where she consulted in areas including consumer product safety litigation, CPSC-initiated product recalls, and vehicle human factors. Prior to joining VA-CASE, Helen completed the Patient Safety Fellowship at the VA National Center for Patient Safety, where she worked on projects involving surgical stapler errors, health care worker fatigue, and medical device usability

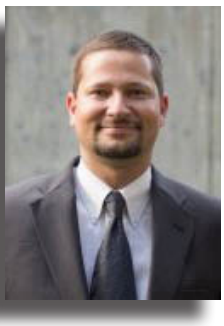
Transactional Systems Program (TSP)

Persephone Johnston, BSIE, MS, is an Industrial Engineer working on the Non-VA Medical Care National Standardization (NVNS) project. She received her Master of Science degree in Technology with a concentration in Entrepreneurial Leadership from East Tennessee State University and received a Bachelor of Science degree in Industrial & Systems Engineering from North Carolina Agricultural & Technical State University. Prior to joining

VA-CASE, she interned with Kiewit Engineering Co. as a Scheduling Engineer Intern in Omaha, NE and also interned with General Electric Aviation as a Supply Chain Intern in Wilmington, NC.

Christopher Bui, **BSIE**, is an Industrial Engineer currently working on the NVNS project after completing work on the CBOPC Performance Standards and Staffing Tool project. He graduated from the University of Oklahoma with a Bachelor of Science degree in Industrial and Systems Engineering. He recently completed his Six Sigma Green Belt certification through the Oklahoma Lean Institute.

Kirby Haskins, MBA, Program Analyst, is a Technical Writer for the NVNS and Office of Rural Health VA/Indian Health Service Memorandum of Understanding Implementation Support (ORH IHS MOU) Projects. In his 8 years in the Air Force, he was an Aircraft Armament Master Instructor and instructed Self-Aid/Buddy care, Chemical/Biological/Warfare, and CPR. After discharge from the Air Force, he worked as a contractor for Eli Lilly as a software tester and data manager. He worked as a Registered Nurse for St. Vincent Hospital in the CardioThorasic Vascular Transplant Unit and Kindred Health as a Home Hospice Case Manager. He holds an MBA in Management, a BS in Occupational Education, a BS in Nursing, an AAS in Instructor of Technology, AAS in Emergency Medical Technology, and an AS in Aircraft Armament.



Craig Wagoner, BS, MA is a Program Analyst / Project Manager working with the ORH/IHS MOU facilitation project. Craig has experience in operations management, and strategic planning and execution. His military service covers 30 years in the US Army in healthcare, aviation, and infantry operations; he began as a combat medic, flew attack helicopters and served as an Infantry Battalion Commander. Craig's combat experience includes four 13-month tours in Iraq and one 13-month tour in Afghanistan. Craig earned a Bachelor's degree in Aeronautical Science, a Master's degree in Education Administration, and is currently completing an MBA in Healthcare Administration.

John King, BSAE, MSAS, is currently supporting the TSP Supply Chain & Logistics business line. He received his Bachelor of Science degree in Aerospace Engineering from the University of Notre Dame and his Master of Science in Aeronautical Science degree with a Management concentrate in from Embry Riddle Aeronautical University. John held a number of positions during his career with the U.S. Army including a Test Engineer on multiple missile systems, various Program Management assignments, Deputy Program Manager for the MEDEVAC helicopter, Science Advisor to the Southern European task force in Vicenza, Italy, and as a System Engineer for various helicopter and soldier systems. John has over 34 years of both active and reserve service in the U.S. Army to include 759 combat hours in Iraq where he served as a helicopter pilot.

Ken Schmidt, BSE, MSSM, is currently supporting the TSP Supply Chain & Logistics business line. Prior to VA-CASE, he worked at the Navy Drug Screening Laboratory at Great Lakes, IL where he implemented and managed a comprehensive quality assurance system for a high volume DOD drug testing laboratory. His expertise includes production process improvement, business process improvement, and supply chain management. Ken received a Bachelor of Science degree in Engineering from the United States Military Academy and a Master of Science degree in Systems Management from the University of Southern California. He is also a certified Six Sigma Black Belt. Ken previously served in the Army as an aviator and aircraft maintenance officer.

Maclean Eke, PE, MSCE, is currently supporting the ORH/IHS MOU project as the Lead Industrial Engineer. Prior to VA-CASE he worked in the Construction and Engineering fields for 24 years. As a Utility Analyst, Maclean was involved in evaluating risk models for utilities capital infrastructure projects and operations for reliability, cost effectiveness, prudency and timeliness. As a Project Engineer for the Indiana Department of Transportation (INDOT), Maclean supervised construction projects, and later was President of Moe Construction Company and the Principal Engineer for MEK Engineering.

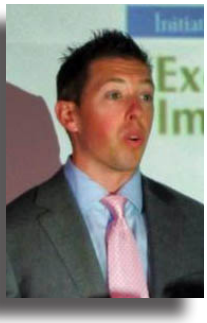
Timothy Koponen, **BA, MS, PhD**, is currently the Project Manager for the VA-Office of Tribal Government Relation VACAA Section 102 "Feasibility and Advisability" report to Congress Project (OTGR VACAA Feasibility Assessment). Tim has worked in business metrics and quality control for over 20 years, from combining his machinist experience with math as a quality technician to his recent tenure at the Indiana Department of Labor (IDoL) as Director of Quality, Metrics and Statistics (QMS). He taught change management, total quality management, and logistics in a joint program with Yeditepe University in Istanbul, Turkey and Purdue University. He taught econometrics, statistics, public policy and African history. He has published "Commodity Chain" analyses of recycled plastics, food systems in the United States and maize in Zimbabwe. Tim received his Bachelors of Arts degree in Math and Philosophy at Aquinas College, his Masters of Science degree in Math from Michigan State University and his Ph.D. in Sociology/ Organizations from Northwestern University.

Devon York, is the Administrative Officer (AO) for TSP. Before joining VA-CASE, Devon served in the United States Navy as a Submarine Yeoman (Admin) and spent six years active-duty stationed in Pearl Harbor, HI. Later he worked at the Veterans Benefits Administration (VBA) Regional Office in Indianapolis, as well as a Security Assistant / Personal Identity Verification (PIV) Card Issuer (PCI) Manager of the Indianapolis VA Medical Center where he worked directly with PIV and suitability (background) investigations. Devon is currently enrolled in the Business Information Systems program at Indiana Wesleyan University with an anticipated graduation date of 2016.

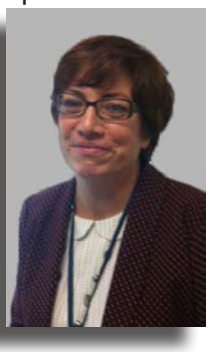
Professional Development

Jessica Moore, Student Trainee, is the Lean Training Coordinator and schedules track the funding for classes with facilities across the country. She is currently an English student with the School of Liberal Arts at IUPUI with a minor in business. Previously she worked at The Harrison Retirement Community. as the Administrative Assistant and Accounts Payable/HR Manager.

Stephen Tyzik, BS, MBA, is a Mid-level Sensei. He graduated from SUNY Geneseo with a BS in Biology and from Union College with a Master's in Business Administration focused on Healthcare Management. After completing his fellowship at the Syracuse VA Medical Center, he became the Systems Redesign Coordinator at Syracuse.



Gabriela Garrity, BS, MSW, is a Supervisory Program Specialist working on the Central Business Office / Purchased Care (CBO PC) project and overseeing our LEAN Management System. She received her BA in Psychology at Loyola University and MSW, Clinical & Administrative Social Work from Tulane University. Gaby has 23 years experience within the Veterans Health Administration as a Patient Safety Manager, Performance Improvement and Accreditation Manager, Advanced Clinical Access Manager and Systems Redesign-LEAN Program Manager. Prior to VHA Gabriela worked at the Tulane University Medical School Pulmonary Research Unit. She has worked on deployment of the LEAN Management System within the Southeast LA VHCA; VISN and National Collaborations.

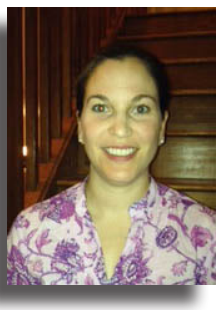


Kenny W Williams, Program Analyst, works in the Print Shop where he prints, binds and ships Lean class materials. He is also designing and maintaining Excel spreadsheets that track several aspects of Professional Development. Kenny is a Veteran of the US Army, a Certified Community Health Worker/Certified Recovery Specialist, Certified Peer Support Specialist and a Certified Employment Support Professional. He spent the last seven years working in the Indianapolis VAMC Vocational Rehabilitation Service.

Program Management Office (PMO

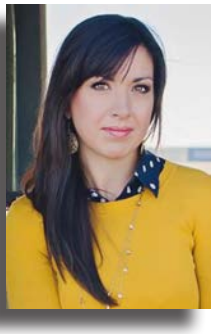
Susan Gordon, MS, Prject Manager for the Medication Reconciliation Project, received her Master of Aeronautical Science from Embry Riddle University. She joined VA-CASE after working for the United States Air Force Reserves as a safety specialist and C-17 instructor pilot. Her skills include graphic design, program management, safety systems and human factors.

Natalie Riley, BS, MS, Health Systems Analyst spent six years active duty U.S. Air Force working as an Aerospace Physiologist with a focus on human factors. She received a Bachelor's of Science degree in Biology from the United States Air Force Academy and a Master's of Science in Physician Assistant Studies from the Medical University of South Carolina. Her interests are in health care and process improvement.

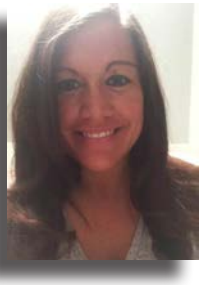


Rick Lodde, BS, MBA, graduated from Indiana University with a Bachelor's of Science and an MBA in Business. After commissioning, he was on a combat crew as an ICBM launch officer. He served in the Air Force Reserve as an air intelligence officer with the Air Force Intelligence Agency attached as a mobilization augmentee to the Air Mobility Command. In civilian life, he worked at Burger King Corporation in financial analysis, corporate acquisitions and restaurant development and taught accounting, business law and management at Ivy Tech as an adjunct professor.

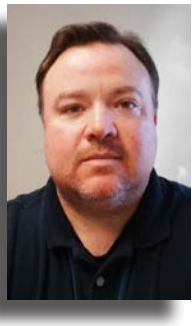
Erin Hubert, BS, Program Analyst supports the project management of several different ongoing projects. She graduated from the United States Military Academy at West Point with a Bachelor's degree in General Management and a minor in Civil Engineering. After graduating from West Point, she served as a logistics officer in the Army where she served two tours in Afghanistan in support of Operation Enduring Freedom with the 101st Airborne Division. After the Army, she worked for Johnson Controls in Nashville, TN as a Sales Engineer and for Ingersoll Rand (Trane) as a Marketing Engineer. Erin also worked as a Sales Engineer and Marketing Engineer for two different Fortune 500 companies.



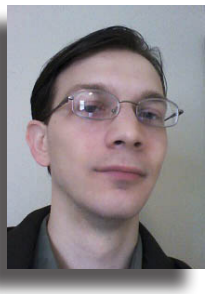
Nicole Comer, BS, Administrative Officer for PMO is an Air Force Veteran who served on active duty in Charleston, SC from 2003-2009 and was deployed twice. While on active duty, she obtained her Associate's Degree in Logistics. After her enlistment she obtained a degree as a Radiologic Technologist and in 2011, she joined the Radiology Service at the Indianapolis VAMC. After receiving a Bachelor's degree in Supply Chain and Logistics Management, she worked in Prothestics Service.



David Allen, BSIE, is an Army Veteran and has been working as a RF Engineer for 20 years in the cellular and paging industry working for several US companies developing and optimizing consumer wireless networks. Mr. Allen has a Bachelor of Science in Electrical Engineering Technology from ITT Technical Institute and holds multiple certifications for GSM/UMTS/CDMA/EVDO/LTE wireless technologies.



William McFarland is a Program analyst whose primary duty is the execution of web development tasks. Bill is a Veteran of the Air Force, with a primary duty history as an Environmental and Electrical technician on the F-15 C/D/E platforms in USAFE and later F-16s in AFMC. Secondary duties included work as an aircrew debrief analyst. Prior to military service he was an EMT-B in the Chicagoland area.



Clinical Partnerships in Healthcare Transformation (CPHT)

Sam Cook, BSIE, **MBA**, an Industrial Engineer has over 18 years of work experience in Lean Manufacturing and continuous improvement. He has held a sustainable professional track record at organizations such as Abbott Nutrition, Griffin Pipe, VF Imagewear, Nestle Chocolate, and American Express. Sam earned his Bachelor of Science degree in Industrial Engineering from Florida State University and his Master in Business Administration from the University of Tennessee in Chattanooga (UTC).

Smart Service Systems (SSS)

Daniel Greicar, AAS, Administrative Officer for (SSS), is responsible for the management of low risk procurement contracts (Level II COR), program ADPAC, government purchase card holder, timekeeper, SharePoint Administrator, New Employee Sponsorship, Employee out-processing, PIV Sponsor, Alternate Preparer for CGE. Prior to joining VA-CASE he worked in the Fiscal Service (Travel) at the Roudebush VA Medical Center. He is a Veteran of the US Army, Retired Sergeant Major, with 27 years of Active Federal Service. He received his AAS in Administrative Management from Excelsior College in Albany, NY.

Data Engineering Resources (DER)

Seth Stevens, Student Trainee, is helping to build a new windows server that will allow Veterans to call in and answer questions for an automated check-up as well as allow them to get into contact with peers that are going through the same thing they are. He is currently pursuing a Bachelor's of Science degree in Information Technology with a concentration in Software Systems Engineering from Colorado Technical University Online.

Nsikak Inyang, Student Trainee, is working on flow mapping, wireframe designs and technical writing. Additionally he has been engaged in creating usability and validations processes. He recently completed his Yellow Belt training. He is currently pursuing his Bachelors of Science degree in Informatics and HCI specialization from the IUPUI- School of Informatics and Computing.

Zachary Hoffman, Student Trainee, is creating flow maps, diagrams, posters, and wireframes to support the projects he is assigned to. He works on the look-and-feel and usability of our applications. He is currently pursuing his Bachelors of Science degree in Informatics and Business specialization from the IUPUI-School of Informatics and Computing.

Malisa Barber, BS, Program Analyst works on .NET application development, and SQL Server data management. Prior coming to VA-CASE, she worked at DePauw University as a Web Developer. Malisa received her Bachelor's of Science degree in Computer Information & Technology from IUPUI.

Pilar B. Gamble, **MS,** Administrative Officer (AO) for DER, has a Master's of Science in Human Resource Management & Organizational Development. She comes to VA-CASE from the Office of Inspector General as a Management Analyst. She is a 12 year Army Veteran where she functioned as an Accounting Specialist, Budget Analyst and Human Resource Specialist.

Staff Kudos

Society of Healthcare Systems (SHS) Process Improvement Conference. As part of it's Sustain and Spread Efforts VA-CASE Clinical Partnerships in Healthcare Transformation (CPHT) staff members attended the Society of Healthcare Systems (SHS) Process Improvement Conference in February. Ten staff members presented a total of eight poster presentations and four podium presentations. The content of these presentations represented two national collaboratives: Specialty Care Transformation Hybrid Collaborative and Improving Patient-Centered Care via Integration of Chaplains with Mental Health Care. See pages 31 and 32 for a list of the poster and podium presentations.

In the photo at the right - Left to right: Angela Howard, David Garrison, Kristen Tingley, Balmatee Bidassie, Steven Sanchez, Ryan Dendinger, Theodare James, Laura Wright, Tamara Harris, Marissa Vallette

CPHT has expanded six times its size and vision within the last year. CPHT's multi-talented and diverse group comprise of 24 staff members: two Supervisory Industrial Engineers (IE), seven Industrial Engineers, 10 Program Analysts (3 are converted from pathways students), 3 Health Systems Specialists, and two pathway students. CPHT also collaborate with HSR&D and the QUERI group on various research projects as well as employing four part time (20 hours) HSR&D on its staff. Of the 24 CPHT staff members, 14 hold advanced degrees, two of which are PhDs and held by both Supervisory Industrial Engineers. CPHT proudly employs eight Veterans representing the Army (four staff members), Air Force (three staff members), and Navy (one staff member). All CPHT staffs are LEAN certified. Two CPHT staff members hold Master Black Belt Certification. Two additional CPHT staff members hold Black Belt Certification. There are Thirteen CPHT staff members with Green Belt Certification and fourteen CPHT staff members with Yellow Belt Certification. Several staff members hold multiple certifications.

Professional Development

MyVA Veterans Crisis Line (VCL)

At VA leadership's request, the MyVA Performance Improvement team coordinated a VA-CASE/VERC led Lean Management Deep Dive with Veterans Crisis Line employees and enterprise subject matter leaders, and fresh eyes. The Veteran's Crisis Line is the primary national mechanism through which Veterans, Veterans families and friends receive information and crisis management assistance. At the end of FY14, the VCL received approximately 450,940 calls and 64,593 chats/texts handled by over 350 dedicated staff. VA-CASE/VERC led a 2.5 Deep Dive Event identifying 5 Rapid Process Improvement Events (RPIEs).

The first RPIE facilitated on March 30, 2015, by VA-CASE Sensei Stephen Tyzick targets the development of standard work within the various process components of the call center.

This group is off to an excellent start!

(OMST continued from page 1)

An additional support/reference document was developed with the understanding that organizations develop, mature and grow horizontally and vertically and must consider internal and external customers. The document shows consideration with each driver related to roles and responsibilities within an organization:

- Leadership
- Quality/Improvement Professional
- Management
- Staff
- Veteran

The OMST provides organizational stakeholders with a baseline for future comparison and has the potential to be a learning and insight promoting tool. Built to represent the evolutionary spectrum of organizational development and maturity, it fosters and promotes growth and change management. The tool has just completed first cycle beta testing and is being prepared for use for interested VISNs, Facilities and Program Offices.

For questions regarding the Organizational Maturity Assessment Tool, please contact Kristine at Kristine.Groves@va.gov

Surgical Patient Flow Value Stream Analysis at Jesse Brown VAMC

The Jesse Brown VA Medical Center (JBVAMC) is committed to building a culture of continuous improvement throughout the organization and utilizes the lean methodology to achieve this goal. To that end, JBVAMC conducted a value stream analysis (VSA) for surgical patient flow. The focus of this effort was to assess contributors to the quality of care and operating room efficiency as reported through the Veteran's Affairs Surgical Quality Improvement Program (VASQIP). Through VASQIP data monitoring, JBVAMC identified an opportunity to improve the Veteran experience, staff satisfaction, operational efficiency, and coordination of care for our surgical patients. Great progress has been made the past year through the efforts of this dedicated, multi-disciplinary team. Bringing together members throughout the value stream not only provided a meaningful impact in the metrics being monitored, but also developed a sense of teamwork across the disciplines by identifying the roles and responsibilities of each and their impact on the overall experience.

Metric	3QTRFY13	4QTRFY13	1QTRFY14	2QTRFY14	3QTRFY14	4QTRFY14
First Case Start Times	31%	31%	66%	57%	62%	68%
Room Turnover	38.5%	37.5%	39.2%	42.2%	42.4%	48.2%

As shown in the table above, the team made considerable improvements in first case start times and room turnover; more than doubling the percentage of first surgical cases that started on time compared to the time period prior to the VSA and adding 10% of room turnovers that met the VASQIP threshold. Of note, each quarter's data includes performance of the previous 12 months. In addition to monitoring the VASQIP data, the team conducted subsequent data collection to pinpoint essential markers throughout the process. As you can see in the table below, the team was able to exceed their goal of reducing overall room turnover time and make considerable improvements in the number of cases meeting turnover thresholds. Considering the variation in processes for room turnover for eye cases compared to others, the team established different performance targets for each. JBVAMC has already seen remarkable improvements and continues to see the benefits of the team's efforts. As the adage says, "It takes a village." And that is evident in the success of the improvements resulting from a team working together to provide the best possible experience for our Veterans.

Description	Baseline	Goal	Actual
Decrease quarterly mean OR turnover time	53.9 min	**40 min**	**38.25 min**
>85% of non-eye cases have lag time <55 minutes	62%	**>85%**	**83%**
>85% of eye cases have lag time <30 minutes	15%	**>85%**	**83%**

James A. Lovell FHCC Lean Management System

In 2012 FHCC set as one of their strategic goals the implementation of a Lean Management System (LMS). To realize this goal, in April 2013 they partnered with VA-CASE, with Brian Poynor as the lead. FHCC is well into its second year of its Lean transformation and has experienced focused positive changes, and as the single national site for federal partnering, are accountable to recommend policy, implement innovative solutions and evaluate themselves through progressive models like Lean Six Sigma.

Lean initiative started by building the necessary infrastructure, such as, hiring an internal Sensei, a Lean Six Sigma supervisor, establishing organizational relationships with an external Sensei (VA-CASE), establishing the continuum of accountability through a Lean Steering Committee, aligning improvement work under a value stream system, setting the framework for problem solving through the 9 Box A3 and A3 thinking, and giving the front-line staff opportunities to improve their work daily through the Huddle Board System.

Some of the highlights of the progress at FHCC include:

- Four value streams opened.
- 3 Million Hard dollar savings.
- 80% of Outpatient value Stream goals attained.
- 46 Huddle boards deployed.
- Three trained staff in the VA-CASE LMS.

Looking to the future, FHCC will take this foundational work, and create the "FHCC Way" by continuing to innovative in its improvement method. Through the integration of the 4DX model to give the 9 Box A3 additional structure to the alignment of their Transformational Plan of Care TPOC to "Wildly Important Goal" (W.I.G.), FHCC will continue to strive for perfection.

For questions regarding the FHCC Lean Management System, please contact Brian Poynor at Brian.Poynor@va.gov

MyVA Direct Scheduling Project for Audiology and Optometry

The VA-CASE Professional Development Program has partnered with the Pittsburg VERC, the VHA National Program Offices for Audiology and Optometry, and the MyVA Improvement Teams to address the possibility of providing direct scheduling for Veterans seeking Audiology and Optometry services. The idea was generated through sessions held by the MyVA teams that visited multiple VAMCs across the country as a means of addressing one component within the primary area of improvement identified by the Secretary -- Access.

Eye glasses and hearing aids are a common need among Veterans receiving care at VA. In the current state processes, the Veteran seeking eye glasses or hearing aids as part of their healthcare coverage must see their Primary Care Provider (PCP) and have a consult submitted to the audiology or optometry service prior to receiving an appointment in these specialty areas. This can be a problem when Primary Care wait times, the time in days to get a Primary Care appointment, are high, and then wait times for specialty care are added to those numbers. Also, there is a consult review and scheduling process that comes into play, which also takes time, because of the volume of consults and the way consults are handled through another service, the Health Administration Service (HAS).

The goal of the project is to eliminate the need for a Primary Care visit and associated consult generation in order to receive Audiology or Optometry services. This will eliminate visits in Primary Care that are strictly being used as a means of obtaining Audiology or Optometry care. It is expected that this will shorten the time from "need identified" to "Audiology/Optometry care". This improvement in access is one of the primary goals for the project. As a bonus win-win for the medical center, the project is also expected to reduce the number of consults being generated by Primary Care and significantly reduce the number of consults being received within Audiology and Optometry services.

In order to understand the impact of providing direct scheduling for Audiology/Optometry, the MyVA team, in conjunction with the VHA National Program offices, identified three medical centers to pilot the project by running Rapid Process Improvement Workshops (RPIWs). The VERCs were engaged to work with the sites using A3 problem solving methods to uncover potential barriers or challenges

to achieving this proposed target state and help the teams come up with ideas and processes that would reduce, mitigate, or eliminate these barriers/challenges. The three sites identified to participate in the pilot are Bay Pines, Florida; Mountain Home, Tennessee; and White River Junction, Vermont. The first RPIW at Bay Pines was held March 10-12, 2015 and the RPIW at Mountain Home was held March 18-20. The last RPIW is scheduled for April with White River Junction.

As part of the pilot, the VERCs and the sites will be collecting data that will track the outcomes in Primary Care wait times, Audiology/Optometry wait times, facility cost implications due to non-vested/non-reliant Veteran status, inappropriate visits, and Veteran and staff satisfaction for 120 days post implementation. The lessons learned from the pilot will help prepare for the possibility of a large scale implementation.

The Professional Development Team

Program Management Office (PMO)

The VA-CASE Program Management Office is currently working on four projects. Below is a description of our progress for the last quarter.

Prosthetics

PMO will work with the Prosthetics team to access the current state of administrative purchasing, overall inventory management, and centralized purchasing unit. Once the current state is established, PMO will look to suggest improvements/changes to these processes to improve effectiveness and efficiency.

VHACO

The purpose of this project will be to enhance information flow and communication across VHACO. PMO, along with VHA National Center for Organization Development (NCOD), will conduct a current state assessment to include a mapping of current processes. The focus will be to understand the relationship between offices and how information flows between offices (internal inquiries). We will also gain an understanding of information flow with regards to external inquiries and congressional inquiries and how these processes may be improved. The result from this research will be coordinated, integrated, and comprehensive recommendations to executive leadership on process improvements and how they should be implemented.

Medication Reconciliation

The Center for Applied Systems Engineering (VA-CASE) and the Center for Health Engineering (CHE) -two of the VA's Veteran Engineering Resource Centers, in conjunction with the VA Medication Reconciliation Initiative, started an effort in February to improve and standardize medication reconciliation across VA. The team, along with several subject matter experts from across the country, identified five "best practice" sites and conducted site visits at these locations. During the site visits, a standard process and agenda was followed to observe best practices, collect data and analysis tools, and complete flow maps of key processes. This information was consolidated and presented to a multidisciplinary team of subject matter experts who were invited to the first of two face-to-face meetings in Washington, DC. These experts represented seven different VA Medical Centers and Central Office. Focusing on the Veteran experience, the group created scenarios and mapped current state process. The panel developed a patient persona to describe a specific type of Veteran receiving care in the VA system to include his/her unique needs, goals, and activities. The persona was used throughout the two day meeting to help define the current and future state of medication reconciliation. Using the persona and the site visits summary report, the team was able to evaluate solutions for the national rollout of a short term solution. At the end of day two, the team presented to Dr. Robin Hemphill, Acting Assistant Deputy USH for Quality, Safety and Value, the Senior Executive sponsor.

As the team works on implementation of the short term, nationally standardized rollout, the second face-to-face meeting is set to convene April 23-24 in Washington, DC. This meeting will include a group of key stakeholders and OIT partners who will build upon the short term solution to build an enterprise level medication reconciliation process

to include associated toolkits.

Women's Health

- Continue to have weekly calls with National Women's Health office to discuss progress.
- Attending a virtual presentation on the Designated Women's Health Provider Assessment of Workforce Capacity (DAWC) report on March 19. We will discuss how this secondary data could be useful for the Capacity Planning tool.
- Have been in contact with a POC at each of the 7 sites we will be visiting. Scheduled introductory calls with 6 of the 7 POCs in order to gather initial information and to schedule site visits. One site visit is already scheduled in Lebanon, PA the week of May 11-15.

Office of Human Resource Management (OHRM)

- Completed successful Beta test with the OHRM team and the PMIS product
- Developed many enhancements to PMIS such as a SharePoint Web Part to ease creation of PMIS project sites, and a multi-tiered workflow for PMIS document set approval.
- Created a Pilot test plan and associated documents to follow on the heels of the successful Beta testing.

The Project Management Office Team

For questions regarding the Program Management Office, please contact James Hundt at James.Hundt@va.gov

VHA Engineering Technical Assistance Program (VE-TAP)

Interactive Visual Navigator (IVN)

Interactive Visual Navigator (IVN) provides an automated and dynamic work flow process incorporating systems and human factors engineering principles to ease the burden on the technician, reduce error in reprocessing, provide automated data collection, support Quality Management requirements and reporting, and provide safer and better care to Veterans. The system development and deployment includes an iterative user-centered design process that relies on user feedback at each stage in the Continuous Engineering Development (CED) cycle.

IVN is a web-based application that presents interactive, multimedia instructions for the Reusable Medical Equipment (RME) reprocessing procedure. IVN captures time and results data to confirm accurate and complete reprocessing. IVN presents work instructions using touch screen technology in the form of modules. An IVN module is specific to each model of equipment and the process used to perform the cleaning. Manufacturer's instructions are followed precisely in the construction of the work instruction module (WIM), and WIM content is approved by relevant personnel in the facility management structure to ensure WIM conformance with relevant guidelines, standards, and clinical practice.

WIMs are stored, maintained, and document-controlled in a WIM Library and updated using the WIM Editor. Most new development in the first quarter of 2015 has focused on improving this WIM Library and Editor. After deploying this new feature to pilot sites, usage feedback drove improvements to back-end architecture to eliminate unwanted redundancy and maximize reusability of existing instructions to all respective RME models. The front-end UI was also streamlined, dropping undesired controls and upgrading the editing tools available to SPS managers. Testing capabilities have also vastly matured to keep pace with IVN as matures to a production web application deployed at multiple Facilities across VHA VISNs and OIT Regions. Further improvements being planned for the next cycle of development include a "Test" session mode for IVN, which will enable production application testing while differentiating test data from live scope reprocessing data.

IVN is nearing go-live at VA Medical Centers in Amarillo TX, Louisville KY and Castle Point NY. Existing facilities are simultaneously expanding IVN application to non-scope RME as well as non-RME workflows. As an example of non-RME workflows, routine daily, weekly and monthly maintenance support has already been implemented using IVN. Work has begun to translate this recent experience into a more event-driven process architecture, to more directly and extensibly support Lean management techniques for a broad variety of SPS and VHA processes.

This will build upon IVN's existing support for SPS management processes. A built-in Admin Console provides an interface for updating training dates and review & update personnel roster. Inventory of scopes and other RME may be reviewed at a glance for current status. SQL Server Reporting Services delivers reports on scope reprocessing histories, a technician's experience with a given RME model, flagged alerts to support firefighting efforts, and daily/weekly/monthly reprocessing summaries. The WIM Library and Editor enable end users to modify instruction content directly and submit for approval prior to release in conformance with ISO 9001. IVN vastly improves SPS management's connection with daily processes, and the IVN team provides intensive support for SPS during implementation.

For questions regarding IVN, please contact Serge Yee at Serge.Yee@va.gov

Veteran Centered Design Lab (VCD Lab)

The Veteran-Centered Design Lab is currently working on multiple projects. These include spatial redesign of clinical environments, facilitating multi-level service design workshops, and co-creating Veteran Personas and associated Journey Maps with Veterans and Providers.

- The VCD Lab has been engaged with the Indianapolis VAMC Gastroenterology Clinic in the redesign of their current endoscopic suite, in order to optimize efficiency of flow as well as improve the Veteran experience. An interim design has been accepted by hospital leadership and renovation will start early 2016. In addition, the VCD Lab is providing a floor plan for the eventual re-location of the G.I. clinic to a proposed new location in the facility.

- The VCD Lab recently completed a week long site visit to Bay Pines VAMC to assist with the VERC Access project team. The VCD Lab facilitated a Veteran focus group in order to create Veteran Personas as well as Veteran Journey Maps, which elucidated the Veteran experience in obtaining care at an identified best practice site.

- In collaboration with the VA-CASE Project Management Office, the Veteran-Centered Design Lab facilitated a 2 day multi-level service design workshop with the VISN 11 Prosthetics Service. The goal of this workshop was to identify opportunities for innovative improvements within the Prosthetics service, in order to create a state of the art service experience for Veterans. Artifacts produced from this workshop include: Veteran Personas, current and future state Veteran Journey Maps, and Service Design Blueprints, which mapped out the underlying processes & environments which must be in place in order to achieve the ideal Veteran experience. The VCD Lab identified several potential projects with the VISN 11 Prosthetics Service which will be explored over the next several months.

- The VCD Lab is creating a Human-Centered Design / Multi-Level Service Design toolkit and training program. The first training course is scheduled for the week of June 1st in Indianapolis, IN.

For questions regarding the VCD Lab please contact Chris Hughes at Chris.Hughes@va.gov or Andrew Carlstrom at Andrew.Carlstrom@va.gov

Veteran-centric Integrated Planning and Operations (VIOP) Driving VHA Homeless Programs Operations towards ending Veteran Homelessness

The Interim Under Secretary for Health (USH) recently charged VA medical center (VAMC) Directors to increase efforts towards ending Veteran homelessness in their catchment areas, to ensure that the Department of Veteran Affairs is successful in its goal of ending Veteran homelessness nationally by the end of 2015. The Interim USH stated that a critical component of these increased efforts is enhanced engagement of local community and civic leaders involved in ending homelessness. To support community engagement efforts, and to provide a common platform and structure for engagement and joint planning, the Veterans Health Administration (VHA) Homeless Program Office partnered with VA-CASE to develop a new multi-level Gap Analysis Tool. This Tool enabled joint analysis of gaps across both VAMC catchment areas and Continuum of Care (CoC) jurisdictions.

Veteran Homelessness Gap Analysis activities to-date have focused on VAMC catchment areas as most VA data sources are structured along these geographic boundaries. While these gap analysis activities were successful in driving targeted action to end Veteran homelessness, they did not fully realize opportunities for coordination and integration with community planning and analysis effort, since communities use the CoC as the geographical focus area. The new tool enabled joint planning and analysis by including need, asset, and gap data at both the VAMC and CoC levels. With the new tool, strategies and placement targets were developed at both levels. VAMC personnel used this new tool to meet with CoC leaders and leverage both CoC and VA data to jointly conduct the Veteran homelessness gap analysis. The multi-level analysis highlighted gaps with more geographic specificity, drove joint efforts to close these gaps and meet the needs of homeless Veterans across the Nation.

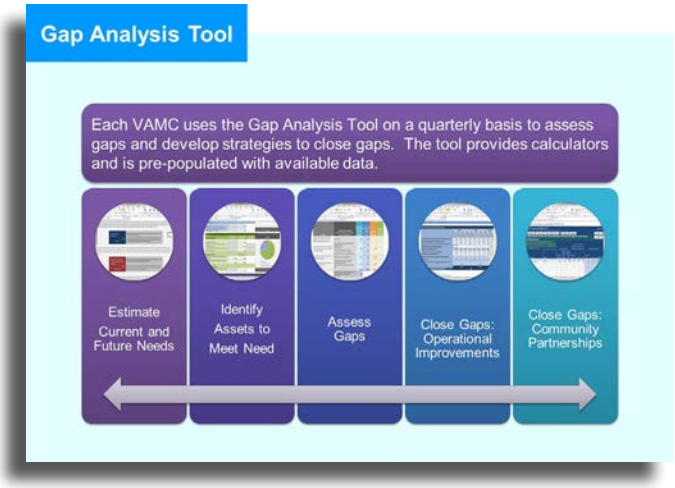
To ensure coordination and integration of homeless services, each VAMC held a strategic and operational planning meeting with key local partners representing CoCs in its catchment area. For VAMCs with multiple CoCs in their catchment area, meetings were held with those CoCs considered most crucial, based on local knowledge and judgment, in the effort to end Veteran homelessness. These meetings included appropriate VAMC staff and local partners such as Supportive Services for Veteran Families (SSVF) Program grantees, VA Homeless Providers Grant and Per Diem (GPD) partners, Veteran Service Organizations (VSO), Public Housing Authorities (PHA), the local Mayor's office and leadership from CoCs within the local VAMC catchment area.

These strategic and operational planning meetings were used to promote coordination and ensure that both VA and community resources were fully leveraged to achieve permanent housing placements for homeless Veterans in need of interventions. During these meetings, VAMCs and CoCs simultaneously conducted gap analyses for their respective geographies. In order to ensure rigorous analysis, these strategic and operational planning meetings validated need data and reviewed asset data provided in the gap analysis. Since the Gap Analysis Tool was pre-populated with nationally available data, the new data provided at the CoC level might not have matched information from local data sources. When necessary, local CoC data sources were used to enhance need and asset data pre-populated in the tool.

To the greatest extent possible, these meetings were integrated into existing community planning efforts (e.g., 25 Cities Initiative, SSVF Planning, Mayors Challenge, Zero: 2016), rather than introducing a potentially duplicative process. In order to enhance community coordination efforts in communities involved in the 25 Cities Initiative and the Zero: 2016 Initiative, particularly regarding use of data, the names, and contact information for VA homeless

program operating plan leads was shared with CoC Homeless Management Information System (HMIS) data administrators.

The multi-level Gap Analysis Tool was available on March 9, 2015. To maximize the time available for meeting with community members, VAMCs had nearly a full month to convene these meetings. Each VAMC was required to submit a completed VAMC level Gap Analysis Tool to the VHA Homeless Program Office by April 6, 2015. Within the tool, VAMCs also completed a self-certification to document meetings with community leaders. The completed tools were uploaded to the VHA Homeless Programs Operational Planning Hub, consistent with previous gap analysis submissions.



The VHA Homeless Program Office provided guidance and training on the multi-level Gap Analysis Tool through national conference calls. Detailed information regarding the technical assistance calls was provided to Veterans Integrated Services Networks (VISN) Network Homeless Coordinators. It was highly recommended that key VISN and VAMC staff involved with the gap analysis and coordination of the operational meetings should participate in the technical assistance calls. VAMC staff was encouraged to invite CoC partners to participate in the training calls. Other forms of training and guidance were provided to assist VAMCs in orienting community partners to the Gap Analysis Tool and related operational planning activities.

The Veteran-centric Integrated Planning and Operations 0/IPO) process enables VAMCs to turn the gap analysis into action while adapting to the dynamic situation on the ground. This process is primarily driven by monthly iterations to develop, track and update operating plans. In their April 2015 Operating Plans, VAMCs developed plans for each of the strategies included in their gap analysis submission. Strategies developed during the gap analysis were pre-populated in the April 2015 Op Plan Tool. Medical center Directors are fully aware of and engaged in this process. They fully understand the needs of homeless Veterans in their catchment areas, available resources and gaps identified in meeting the need. They also facilitate continuous engagement with the community partners and ensure that strategies to close these gaps are being developed, implemented and supported.

Human-Computer Interaction Lab (HCI)

The Human-Computer Interaction (HCI) Lab began a project to develop a CPRS Summative Usability Test with the intention of providing human factors-related metric data for use as comparison to the new VistA Evolution version, once it's established. The project will end in August and consists of preparation, test, analysis and documentation. The first step was to develop a realistic test scenario based on three Office of National Coordinator (ONC) for Health Information Technology 2014 edition Electronic Health Record (EHR) Technology certification criteria. Thirty physicians experienced in CPRS use throughout VA will act as participants.

For questions regarding the HCI Lab please contact Nancy Lightner at Nancy.Lightner@va.gov

Transactional Systems Program (TSP)

Program Updates

CBOPC Program Administration Directorate (PAD) Dialysis Optimization Project – The CBOPC PAD approved work for an FY2015 TSP project that will be focused on evaluating the current state process to authorize the purchase of Non-VA Medical Care Dialysis services and process corresponding claims from Non-VA Medical Care Providers. Timeliness issues are prevalent throughout the process which has become a barrier to providing these services in a timely manner to Veterans. Part of the evaluation will include identification of potential barriers in the current process and a list of recommendations that, if implemented, would result in an increase in process efficiency.

Five (5) TSP projects will be presented this year at external conferences. The **Institute of Industrial Engineers (IIE)** Annual Conference has accepted abstracts for Fee Basis Claims System (FBCS) Optimization (Chris Heathcote, Ed Gensert, Eric Lammers, Lincoln Ridge), Non-VA National Medical Care Standardization (Lindsay Hall, Derrick Markel, Anthony Pak), and Network 11 Contracting Office (NCO 11) Systems Redesign (Cameron Husk). The **Applied Human Factors and Ergonomics (AHFE)** conference has accepted two abstracts for the Consolidated Patient Accounts Center (CPAC) Process Evaluation

VISN 11 BeneTravel Upgrade Roll-out – The BeneTravel project is a short-term effort between TSP and the Indianapolis VAMCs Fiscal department to facilitate and train facility staff on a recent upgrade relating to digital signatures for the Beneficiary Travel system across VISN-11. TSP engineers will conduct on-site training to six participating stations (Danville, IL; Northern Indiana; Battle Creek, MI; Detroit, MI; Ann Arbor, MI; Saginaw, MI). The total project duration is estimated to be one month and will kick off in April 2015

Supply Chain & Logistics Business Line – TSP is in the process of developing a new line of business in partnership with the VHA Office of Procurement and Logistics (P&L) (10NA2). Multiple lines of effort exist within the VHA attempting to address the need to modernize the supply chain; TSP is seeking to facilitate and operationalize these efforts to establish and deploy future-state systems and processes. Cameron Husk is leading this effort on behalf of TSP and VA-CASE. A joint face-to-face meeting took place in February 2015 in Washington, D.C., in order to gain a shared understanding of the current state, establish needs and priorities, and develop a rough plan for future work. Next steps include development of Statements of Work (SOWs) that contain a clear scope, deliverables, schedule, and budget for each objective in collaboration with P&L

Veterans Choice Program (VCP) Experience – VA-CASE has been asked by the Principal Deputy Under Secretary for Health (PDUSH) to assist the Office of Strategic Integration (OSI) in the Veterans Choice Program (VCP). The VA-CASE Veteran-Centered Design (VCD) Lab will provide consultative user-center design services and onsite facilitation, utilizing a three phase user centered approach (Investigation, Ideation, and Integration). The goal is to identify the optimal Veteran experience, and then consider how we might reverse engineer processes to create that experience. The VCD Lab will work in collaboration with the VA-CASE Transactional Systems Program (TSP) who is leading the project on behalf of VA-CASE. The VA-CASE team will also be collaborating with the VHA Product Effectiveness (PE) team. The project began in February 2015 and an upcoming 3 day work-shop is tentatively scheduled for May 2015 to conduct a deep-dive into the Veteran Experience

Project Updates

CBOPC Business Systems Management (BSM) Fee Basis Claims System (FBCS) Optimization – As of Sept 2014, FBCS Optimization has deployed to 20 VISNs. Of these VISNs, 19 have completed Post-Implementation and 1 is in the Post-Implementation phase. Using the twelve-month timeframe immediately preceding Implementation as a Baseline period, VA-CASE assessed performance changes in participating facilities' Baseline and Post-Implementation periods. By September 2014, 80 facilities among VISNs 1-5, 7-12, and 15-22 had experienced at least seven months of Post-Implementation. VA-CASE analyzed the percentage improvement in their weighted performance scores (WPSs) from the Baseline into the Post-Implementation period's most recent 7 months. Across the 80 facilities, WPSs improved an average of 3 percent, and total claims processed per month improved an average of 45 percent.

CBOPC BSM Health Administration Center (HAC) Claims Processing & Eligibility (CP&E) Optimization – The HAC CP&E Optimization Team created two Excel-based tools; a productivity standards tool and a staffing tool. The productivity standards tool assists management in validation and updating current productivity standards, and the staffing tool aids management in determining resource allocations to complete necessary tasks. The team conducted two site visits from July – September. During the first site visit, the team finalized the report, transition plan, tools, and presentation. During the second site visit, VA-CASE met with HAC leadership to present the findings and recommendations, and provide training on the tools. The transition plan is implemented and the project is complete, and HAC management and CBOPC BSM provided positive feedback for the project.

CBOPC BSM Performance Standards & Staffing Tool (PSST) – The PSST project completed on 9/30 with the delivery of standardized employee performance standards, a tool to assist with staffing for a consolidated claims processing center, and a tool to help supervisors track and assess employee productivity. The data analysis to develop the performance standards included both consolidated and stand-alone fee unit sites, and both high and low performing in terms of claims paid versus claims received. The team presented to the Standardization and Process Improvement workgroup on 9/29 and was able to implement all changes from the feedback by 10/1. A second iteration of the project is in the planning stages to further refine the performance standards and staffing tool.

Chief Business Office Purchased Care (CBOPC) Business Systems Management (BSM) Metrics Consolidation – The project kicked off in November with a goal to review existing Non-VA Medical Care (NVC) Claims Processing metrics and reports and develop a new consolidated reporting tool for CBOPC Leadership. The focus for the consolidated reporting tool will be to eliminate the duplication of work caused by having multiple reports from various sources across CBOPC. The project team will also visit several NVC Offices to conduct time studies and gather data for each of the tasks within claims NVC claims processing. This data will be used to create claims processing productivity standards and staffing models. The first of two site visits took place the week of February 9th at the VISN 22 NVC in Las Vegas, NV where over 3200 data points were collected representing over 58 hours of claims processing activities. The second took place the week of March 9th at the VISN 8 North Florida / South Georgia NVC in Gainesville, FL where over 2400 data points were collected representing over 56 hours of claims processing activities. The next site visit is scheduled to take place April 20th where the team will travel to the VISN 20 consolidated NVC in Vancouver, WA.

CBOPC BSM Non-VA Medical Care National Standardization (NVNS) – The NVNS team continues to collaborate with the National Non-VA Medical Care Program Office (NNPO) and Quality Workforce Development (QWD, both aligned under CBOPC) to merge all NVC field guidance into one set of documents and PowerPoint training decks (including the standardized business processes) and then ultimately into electronic Desk Procedures. In addition, the NVNS team has approved and signed Implementation and Training plans by Chief Business Office Leadership and projects to begin field testing the standardized business processes for claims processing during Q3 FY15. The NVNS team is also providing Project Management and Engineering support to the VA Medical Care Coordination (NVCC) Phase II initiative and will assist with field testing a standardized organizational model and care coordination processes, also scheduled for Q3 FY15.

CBOPC Program Administration Directorate (PAD) Dialysis Optimization Project – The Dialysis Optimization Project focuses on improving the process of authorizing the purchase of Non-VA Medical Care Dialysis services and processing corresponding claims from Non-VA Medical Care Providers. The goal is to improve the efficiency and effectiveness of the processes by identifying the pain points and bottlenecks each facility may encounter. Part of the evaluation will include identification of potential barriers with every member of the process, including, clerks,

social workers, and nurses. The project began on October 1, 2014 and will conclude by June 30, 2015. The team is working closely with CBO leadership and the purchased care group. This quarter, having finished the planning phase and initial site visit, the team targeted 7 more facilities to capture the current state. Since January 1st, the team has successfully completed 4 site visits. The team visited medical centers in Cleveland, Palo Alto, San Francisco and Long Beach. The team carefully documented the current state of the process, recording best practices and challenges. Valuable information regarding the authorization processes was captured and potential barriers were identified. Additionally, the team has facilitated communication between the clinical teams and the administrative teams, resulting in increased productivity. The team plans 3 more site visits in the coming quarter, including a visit to the Financial Services Center (FSC) in Austin.

CBOPC PAD Project Access Received Closer to Home (ARCH) – The Veteran's Accountability Choice and Affordability Act of 2014 (the "Choice Act") was signed into law by President Obama on August 7, 2014. Section 104 of "the Choice Act" specifically applies to Project ARCH and has extended Project ARCH for two additional years. During this quarter, the Project ARCH Program Manager presented an update on the implementation of Section 104 to the Senate and House Veterans Affairs Committee leadership staff (called "the 4-corners briefing"). The Denver Acquisitions and Logistics Center (DALC) completed the process of awarding the final 16 month contract extensions with the two contractors in order to provide services for the full two years of the Project ARCH program required by Section 104 of the Choice Act. Project ARCH submitted the Altarum Institute final evaluation report of the ARCH pilot program (2011–2014) to CBO leadership. The Project ARCH team has been working on developing updated outreach materials, has participated in weekly Choice PMO weekly status and scheduling meetings, and risk/issue tracking and mitigation to ensure the timely, complete implementation of Section 104 of the Choice Act. The Project ARCH team also received and responded to several Congressional inquiries during this quarter.

Office of Rural Health (ORH) CBOC Assessment – VA-CASE has been working with ORH conducting an assessment of all rural and highly rural CBOCs to evaluate the legal and healthcare requirements governing rural clinics, the current state of the CBOC system in rural areas, and the improvements planned or required to ensure full compliance, in order to produce a formal written report of the analysis for Congressional submission in April 2015. The project team has collected data on the current state of 25 highly rural and 315 rural CBOCs which provided care to 765,771 veterans and tracked over 4 million outpatient visits in FY14. Demographics of these CBOCs and the veterans they serve along with the CBOCs compliance with Americans with Disabilities Act (ADA), Health Information Portability and Accountability Act (HIPAA), utilization of TeleHealth technology, workload, capacity, staffing and room utilization data were collected, and analyzed for impact to the current state. The final report was submitted ahead of schedule and under-budget to ORH in February, and the team is providing follow-on support for any revision or presentation support needs.

ORH VA/Indian Health Service (IHS) MOU Implementation Support Project – The Indian Health Service (IHS) and the Department of Veterans Affairs (VA) Office of Rural Health (ORH) Memorandum of Understanding (MOU) project is improving the coordination of healthcare services provided to American Indian (AI) and Alaska Native (AN) Veterans that fall under the coverage umbrella of both agencies. Our project team has, in coordination with ORH and IHS, published the first comprehensive annual report capturing data from 13 workgroups, all VISNs with AI/NA Veteran initiatives, and the CBO. The FY2014 Annual Report is now the baseline for measurement of implementation progress

for FY2015. VA-CASE is now providing ongoing analytical support and high level data reporting measurement tools and tracking of implementation goals and objectives. For FY2015, quarterly summary reports are now produced to measure performance, on a continuing basis, and provide feedback to all VA, IHS, and Tribal Health Program (THP) stakeholders of the MOU. The FY2015 Q1 report has been completed and our project team is closing out FY2015 Q2 as well. As an integral component of our project we have partnered with each workgroup to provide analytic and engineering support, as well as project team training. In addition to data collection, measurements, and report publication, the MOU project team is in close collaboration with the executive leadership of ORH and IHS to define measures of performance and tracking mechanisms to streamline and ease the data collection process and as new performance objectives are introduced this FY and into FY2016. With FY2015 Q2, the project team will lead a comprehensive high-level session involving ORH, IHS, and Office of Tribal Government Relations (OTGR) key personnel to synchronize all outreach efforts associated with the MOU through the completion of FY2015 and into FY2016.

VACAA Section 102 "Feasibility and Advisability" report to Congress – This project, commissioned by the VA-Office of Tribal Government Relations (OTGR), developed the response to a Congressional reporting mandate in the VACAA. VA-CASE performed an evaluation of the "feasibility and [business] advisability" of VA expanding its reach into rural, highly rural, and certain Urban areas by making the Indian Health service (IHS) –related organizations partners in providing non-native veterans with health care. The VA-CASE team did a four pronged analysis: 1) using Geographic Information System (GIS) data to evaluate the number of eligible veterans "captured" by extending VA care through IHS –related sites, 2) organizational analyses of VA, IHS and Tribal Health Program (THP) healthcare delivery in rural and "highly-rural" areas, 3) an econometric analysis of supply and demand in urban areas relative to the capacities of IHS-granted urban partners coupled to the specific needs of the VA in those same areas, 4) and a cost-analysis based on current remuneration rates for native veterans in the IHS system. VA-CASE's involvement concluded on 28 February, and the report is currently undergoing review and approval at the VA Office of General Council (OGC) on its way to the Secretary of the VA and the IHS Director's office for their official concurrence and submission to Congress.

Data Engineering Resources (DER)

10N Share Point project - DER will conclude this project with a maintenance agreement the first week in May. The site has been undergoing rigorous test for the last two months and all the supporting documentation has been written for both the use and training of the site.

The Beneficiary Travel project - The project has been delayed due to the process required by the Informatics Council to prepare a reminder dialog for national rollout. The reminder dialog is currently in use at over 50 sites and has shown a good volume of use. The outstanding aspects of this project are the training and rollout once the dialog is completed in the Council.

The IVR Care Partners project - The project now has a definite direction and work has begun to move the existing Interactive Voice Response System behind the VA firewall. All the software and servers are ready to accept the coding and testing. The timeline of this project is yet to be determined.

National Center for Patient Safety (NCPS) project- Preliminary work is being done with the NCPS to assist in the site development of their funded Joint VA/DOD Electronic Patient Event or Incident Reporting System (ePIR). This in concert with the use of an innovations grant from an Idea House process will allow the NCPS to bring the entire VA into one system for event reporting and analysis of trends.

Smart Service Systems (SSS)

Smart Service Systems (SSS) is the newest program within VA-CASE. We currently manage four active projects with a rapidly growing team of 13 members comprised of the Associate Director, Developer, Pathway students, administrative staff, contractors and Intergovernmental Personnel Act of 1970 (IPA's).

Most of SSS projects are opportunities to create systems improvement. The current projects range from space management to management oversight tools. SSS has performed over 10 site visits this year and most recently two site visits for OHRA/ INT 129 Rent lease, BVA and My VA clients last period. The team successfully facilitated on-site training with the client on the I- Dashboard system for OHRA / INT129 rent lease. The program has also achieved success piloting the BVA and My VA portal for the client's preview.

Recently, the program requested contracting modification for GIS software and have experienced significant contracting office delays. These delays create a challenge in meeting important scheduled milestones. Also, storage space continues to be an ongoing issue and challenge for meeting deliverables. Currently, SSS is working with OI&T to request storage space from service lines to overcome these challenges. The program has successfully recruited two Pathway student trainees for 3rd quarter. The program anticipates making additional recruitment efforts prior to the end of the fiscal year to improve our ability to meet project milestones.

In an effort to support continuous improvement, a group of six SSS team members participated and completed VA-CASE Lean Yellow Belt training sponsored by Professional Development (PD). So far, the team has achieved 100% passing on Yellow Belt required test for certification and is currently working together for A3 submission for certification. Next month, two (2) SSS Pathway Students are scheduled to graduate IUPUI Informatics program. The program continues to strive for continuous improvement and a standard of excellence.

Collaborative Partnerships in Healthcare Transformation (CPHT)

CPHT Projects are grouped into two categories:

1. Process Improvement Operations Projects and
2. Implementing Evidence into Practice Projects

Process Improvement Operations Projects

Process Improvement Operations projects focus on using collaborative, RPIW and VSA using the A3 and Lean thinking in its partnership with the following national offices to improve national metrics. Two additional key components initiated by CPHT into the traditional PI projects are 1) teams must planning/projecting their sustain and spread efforts at the very start of the project; and 2) teams are encouraged to become Yellow Belt or Green Belt certified at the end of the project.

CPHT has been working on the following Process Improvement Operations Projects:

Integration of Chaplains in Mental Health Care (MH&C) -- The Department of Defense (DoD) and the Department of Veterans Affairs (VA) jointly formed the Integrated Mental Health (IMHS) Strategic Action Plan (SA) #23 based on studies that suggest Veterans and service members suffering from mental health problems frequently turn to chaplains. This joint IMHS SA resulted in a series of researched and vetted recommendations for improving mental health care for Veterans and Service members via integration of chaplain services; these recommendations served as the foundation for a Joint Incentive Fund (JIF) proposal, a component of which includes conducting learning collaborative with the following objectives:

a. Learn about strong practices at participating sites for effectively integrating chaplaincy into PTSD and mental health care services.
b. Teach quality improvement techniques to teams of mental health professionals and chaplains.
c. Establish participating facilities as resources for other sites seeking to better integrate mental health and chaplain services.

NAO Checklist -- The National Activation Office (NAO) checklist engineering design aimed to standardize an electronic checklist that allowed NAO, in conjunction with individual VA services and programs, to reduce human error in opening a new or existing service/program, thus optimizing a facility's readiness to safely accept patients. The interaction with checklist usage and management explored the effectiveness of multi-users using a checklist in a more effective manner. Specifically, a checklist would allow users to enter information into a Microsoft product that compiled the results and produced a facility status. The status would then disseminate four levels of activity, "met", "not met", "partially met", and "not applicable", to leadership for verification, standardization, and accountability.

NAO Knowledge Management Portal -- The National Activations Office Knowledge Management Portal is a SharePoint-based website that was created to provide a "one-stop shop" of NAO Activation Program information, collaboration platforms, self-directed training and activation-related problem-solving materials. This will include implementation to Microsoft Project Server for project plan tracking as well as maintenance service for the overall site. CPHT will start developing in 3rd QRT a web-based facility reporting tool for NAO facility updates

Specialty and Surgical Care Collaborative -- The Specialty and Surgical Care Collaborative began in FY12 and has moved into the third phase. Several critical Aims have been addressed and continue to be the focus for improvement of Veteran access to patient centered specialty and surgical care.

National Surgery Office (NSO), continued the national **Surgical Flow Improvement Initiative (SFII)** into FY 2015. The goal is to improve VHA operating room flow, efficiency, and operations. The sites participating in the Surgical Flow Improvement Initiative will be designated at multiple levels of participation based upon an algorithm applied to sites' performance as reflected by the NSO-released O.R. Efficiency Index. This initiative is focused on improving Operating Room (O.R.) flow, efficiency, and operations by identifying VA Medical Centers (VAMCs) which would benefit from improvement support to make and sustain gains as reflected by the intra-operative measures comprising the quarterly O.R. Efficiency Index. A key component of this improvement initiative is the application of a Value Stream Analysis (VSA) approach to improvement supported through a combination of in-person and virtual support by VA-CASE and Systems Redesign along with additional tools, process improvement activities, and data analysis/ measurement support. Key measures comprising the O.R. Efficiency Index include: First Case On-Time Starts, O.R. Cancellation Rates, O.R. Utilization, and O.R. Lag Time (Turnover Time) with additional information on definitions for each available through the VASQIP reporting site.

Specialty Care Transformation -- The mission of Specialty Care Services (SCS)/Specialty Care Transformation (SCT), is to ensure implementation of Veteran centric delivery of specialty care/surgical care in a team-based model that supports Patient Aligned Care Team (PACT), and meet unique needs of delivering Specialty Care. The purpose is to implement improvement initiatives that augment specialty skills for Primary care and improve the quality and efficiency of SC services. Improvement initiatives emphasize team-based models to provide clinical services for PACT teams and the Veterans they serve. Resulting in a Veteran-centric delivery of specialty care which 1) improved access and quality of healthcare delivery for all Veterans; 2) optimized use of available and emerging health information technologies to improve access to care; and 3) support for transformational initiatives for Specialty Care.

Implementing Evidence into Practice Projects

Aligning Transitions of Care for Post-Stroke Patients with Hypertension -- This study is headed by Dr. Richard Frankel with the continued support of VA-CASE. Hypertension is the single most robust modifiable risk factor for ischemic stroke and transient ischemic attack (TIA). Newly published research conducted within VHA indicated that more than one-third of Veterans with a stroke or TIA had inadequate blood pressure control and only 15% of these Veterans were discharged on guideline-recommended blood pressure medications. It is not yet clear why post-stroke/TIA blood pressure management presents such a large challenge within VHA. Our team interviewed Inpatient Medicine Team Members, Neurology Team Members, Primary Care Clinicians, and TIA/Stroke Patients and Caregivers. We then moved into the content analysis phase of the study, where we identified themes and concerns from the transcripts. Our team recently presented to IU residents and we are refining our presentation with the plan to present to Indianapolis VA faculty in the fall of 2015.

Key Components of External Facilitation in an Acute Stroke Quality Improvement Collaborative in the Veterans Health Administration -- Facilitation is a key component for successful implementation in several implementation frameworks; however, there is a paucity of research specifying this component. As part of a stroke quality improvement intervention in the VA, facilitation plus data feedback was compared to data feedback alone in 11 VA medical facilities. The objective of this study was to elucidate upon the facilitation components of the stroke quality improvement. Overall, this study demonstrated that external facilitation is not an event but rather a process where relationships and responsibilities evolve over time. This study shows that external facilitation involves core elements related to communication, relationship building, methods training, monitoring performance over time, and facilitating team-based problem solving. Importantly, this work demonstrates the fluid nature of external facilitation over time, as teams learn, grow, change, and experience changing contexts. **Note:** This paper was accepted by the Journal of Implementation Research (2015) … in press

CPHT Poster Presentations

Bidassie, B., Hackman, J., Kirsh, S., Graham, G., & Vallette, M.A. (2015). Improving Coordination of Veteran Care via Team-Based Multispecialty Care Approach. Proceedings of the 2015 Healthcare Systems Process Improvement Conference (in preparation), February 18-20, Orlando, Florida.

Dendinger, D., Howard, A., Bidassie, B., Vallette, M.A., Hackman, J., Kirsh, S., & Graham, G. (2015). Disease Management of Stage IV and V CKD Veterans. Poster presented at the 2015 Healthcare Systems Process Improvement Conference, February 18 – 20, Orlando, Florida.

James, T., Bidassie, B., Vallette, M.A., Hackman, J., Kirsh, S., & Graham, G. (2015). The Evolution of Palliative Care Services within the VA. Poster presented at the 2015 Healthcare Systems Process Improvement Conference, February 18 – 20, Orlando, Florida.

Harris, T., Mosodeen, R., Bidassie, B., Vallette, M.A., Hackman, J., Kirsh, S., & Graham, G. (2015). Enhanced Access for Veteran CBOC Patients at Integrated Pain Clinics. Poster presented at the 2015 Healthcare Systems Process Improvement Conference, February 18 – 20, Orlando, Florida.

Sanchez, S., Vallette, M.A., Bidassie, B., Hackman, J., Kirsh, S., & Graham, G. (2015). Improving Multi-System Care Coordination Between Surgical and Medical Oncology Patients. Poster presented at the 2015 Healthcare Systems Process Improvement Conference, February 18 – 20, Orlando, Florida.

Vallette, M.A., Bidassie, B., Hackman, J., Kirsh, S., & Graham, G. (2015). Improving Veteran Access to Lung Cancer Care (IVALuCancerCare). Poster presented at the 2015 Healthcare Systems Process Improvement Conference, February 18 – 20, Orlando, Florida.

Mosodeen, R., Bidassie, B., Vallette, M.A., Hackman, J., Kirsh, S., & Graham, G. (2015). Tele-Facilitated Allergy Specialty Neighborhood. Poster presented at the 2015 Healthcare Systems Process Improvement Conference, February 18 – 20, Orlando, Florida.

Howard, A., Bidassie, B., Vallette, M.A., Hackman, J., Kirsh, S., & Graham, G. (2015). Post Transplant Coordinated Care – VISN12 VA Great Lakes Healthcare System. Poster presented at the 2015 Healthcare Systems Process Improvement Conference, February 18 – 20, Orlando, Florida.

VA-CASE

CPHT Podium Presentations

Bidassie, B., Hackman, J., Kirsh, S., Graham, G., & Vallette, M.A. (2015). Improving Coordination of Veteran Care via Team-Based Multispecialty Care Approach. Proceedings of the 2015 Healthcare Systems Process Improvement Conference (in preparation), February 18-20, Orlando, Florida.

Tingley, K. M., Bidassie, B., Vallette, M.A., Hackman, J., Kirsh, S., & Graham, G. (2015). Improving Patient Care Coordination through the Development of an ALS Clinic. Proceedings of the 2015 Healthcare Systems Process Improvement Conference (in preparation), February 18-20, Orlando, Florida.

Garrison, D., Mosodeen, R., Bidassie, B., Vallette, M.A., Hackman, J., Kirsh, S., & Graham, G. (2015.) Improving Access to and Coordination of Multispecialty Pain Care. Proceedings of the 2015 Healthcare Systems Process Improvement Conference (in preparation), February 18-20, Orlando, Florida.

Wright, L., Bidassie, B., Meador, K. G., Nieuwsma, J., Cantrell, B., Rhodes, J., O'Mara, S., Bates, M., Perez, S., Myers-Bradley, R., & Johnson, L. (2015). Systems Engineering Coaching Experience in the Mental Health and Chaplaincy Collaborative. Proceedings of the 2015 Healthcare Systems Process Improvement Conference (in preparation), February 18-20, Orlando, Florida.

Richard L. Roudebush VA
Medical Center
1481 W. 10th Street
Indianapolis, IN 46202
317-988-1268
Candace.Kingma@va.gov